orm	99	0	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (INCOME Tax except private foundations)	OMB No. 1545-0047
		y 2020)	Do not enter social security numbers on this form as it may		Open to Public
erna	Revenue		Go to www.irs.gov/Form990 for instructions and the lat	est information.	Inspection
Fo	or the 2	1	dar year, or tax year beginning and ending		
ap	plicable:	C Name o	of organization	D Employer identificat	ion number
	Address	Star	ndUp for Kids	-	
	Name change Initial		ousiness as	33-0414855	
-	Ireturn		r and street (or P.O. box if mail is not delivered to street address) Room/su		1.4
-	Final return/ termin-		Nelson Ferry Road B	404-954-66	
	termin- ated Amended return		town, state or province, country, and ZIP or foreign postal code atur, GA 30030	G Gross receipts \$	1,738,56
-	Applica-		and address of principal officer: Carlos Aponte	H(a) Is this a group return for subordinates?	
-	pending		as C above	H(b) Are all subordinates include	
Te	av.even			527 If "No," attach a list	
			standupforkids.org	H(c) Group exemption n	
				ear of formation: 1990 M S	
		Summary			Entre Alternative com
T	1 Br	riefly descri	be the organization's mission or most significant activities: To end t	he cycle of you	ith
			ssness.		
	2 0	heck this b	ox 🕨 🥅 if the organization discontinued its operations or disposed of π	nore than 25% of its net asse	ts.
	3 N	umber of ve	oting members of the governing body (Part VI, line 1a)	3	
	4 N	umber of in	dependent voting members of the governing body (Part VI, line 1b)		
20			r of individuals employed in calendar year 2019 (Part V, line 2a)		
			r of volunteers (estimate if necessary)		6
Ĩ			ed business revenue from Part VIII, column (C), line 12		
-	bN	et unrelated	d business taxable income from Form 990-T, line 39	Const IIII	The second s
Revenue				Prior Year	Current Year
			s and grants (Part VIII, line 1h)	1,784,703.	1,564,74
		-	vice revenue (Part VIII, line 2g)	12,837.	117,84
			ncome (Part VIII, column (A), lines 3, 4, and 7d)	41,916.	7,95
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,839,456.	1,691,20
_			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) similar amounts paid (Part IX, column (A), lines 1-3)	574,708.	477,35
			d to or for members (Part IX, column (A), line 4)	0.	111,00
			er compensation, employee benefits (Part IX, column (A), lines 5-10)	458,001.	541,88
Expenses			fundraising fees (Part IX, column (A), line 11e)	0.	26,87
ber			sing expenses (Part IX, column (D), line 25) 165,054.		
ŭ			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	403,837.	440,70
			ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,436,546.	1,486,81
	19 R	levenue les	s expenses. Subtract line 18 from line 12	402,910.	204,38
ces				Beginning of Current Year	End of Year
nd Balances	20 T	otal assets	(Part X, line 16)	1,898,045.	2,119,64
BPU			es (Part X, line 26)	30,868.	44,27
Fun			or fund balances. Subtract line 21 from line 20	1,867,177.	2,075,36
-	and and		re Block		
			, I declare that I have examined this return, including accompanying schedules and st		nowledge and belief, I
10,	correct,	and comple	te-Declaration of preparer (other than officer) is based on all information of which prep	barer has any knowledge.	+12020
		Signat	ure of officer	Date	1/2020
ig			los Aponte, Treasurer	Duit	
ler	e		r print name and title		
-			reparer's name Preparer's signature	Date Check	1 PTIN
aid			Thompson ann. Thompson	. 6/10/2020 # self-employed	P00719770
	-		Jones and Kolb		8-1763570
			ss 3475 Piedmont Road, Suite 1500		
			Atlanta, GA 30305	Phone no. (40	4)262-7920
	the IR	S discuss t	his return with the preparer shown above? (see instructions)	1	X Yes
1a.			the second		

Form	990 (2019) StandUp for Kids	33-0414855	Page 2
	t III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	c	
	The mission of StandUp for Kids is to end the cycle		
	homelessness. We do this every day in cities across		
	carry out our mission through our volunteers, who go		
	order to find, stabilize and otherwise help homeless		S
2	Did the organization undertake any significant program services during the year which were not listed on		XN
	prior Form 990 or 990-EZ?	⊥ Yes	
~	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program server If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		and
4a	(Code:) (Expenses \$ 1,167,278. including grants of \$ 477,353.)	(Revenue \$ 117,	842.
	In the United States, over 1.7 million youth experies	nce homelessnes	
	every year. Over fifty thousand youth sleep on the	streets for six	
	months or more each year. At least thirteen youth die	e on the street	s
	each day. To assist homeless and at-risk youth, Star	ndUp for Kids'	
	provides services through our (4) core services; Stre	eet Outreach,	
	Housing Support, Outreach/Drop-In Centers and Mentor:		
	These services provide them with comfort items (food		
	products, etc.); vital information regarding availab		
	meet their needs; housing; and advocacy and other rea	sources to assi	st
	in alleviating the problem of youth homelessness and		
	self-sufficiency. During 2019, StandUp for Kids pro-		
	instances of support nationwide preparing them for so		•
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
	(count) (at point of \$)		
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,167,278.		
		Form 9	90 (2019
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<u></u>		4 ^ ^ 7	
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Form 990 (2019) StandUp for Kids
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	х	
2	If "Yes," complete Schedule A	1	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 23	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	· ·		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	 (2019)
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 Form 990 (2019)
 StandUp for Kids

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		A X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u>л</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
1 a	Charle if Cabadula Companya and an and to any line in this Dark V			
	Check it Schedule O contains a response or note to any line in this Part V		Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20		res	NO
	Enter the number reported in Box 3 of Porth 1098. Enter -0- if not applicable 1a 2 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
932004	(gambing) winninge to phi≥e winnerer ↓ 01-20-20			(2019)
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Form 990	(2019)	StandUp	for	Kids	
Part V	Statements	Regarding Ot	her IR	S Filings and	Tax Compliance (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 24					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
b	If "Yes," enter the name of the foreign country ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X		
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v		
		7c		Х		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		Х		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
t						
g b	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 					
8						
0						
9						
	 a Did the sponsoring organizations maintaining donor advised tunds. 					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand	140		Х		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 22		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140				
15	excess parachute payment(s) during the year?	15		х		
	If "Yes," see instructions and file Form 4720, Schedule N.	15				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

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Form 990 (2019)

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 Form 990 (2019)
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 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management			1	1
		1 1	~ <u> </u>	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with any other			
	officer, director, trustee, or key employee?		2		Σ
3	Did the organization delegate control over management duties customarily performed by or under	the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		Σ
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?	. 4		Σ
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		Σ
6	Did the organization have members or stockholders?		6		Σ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or			
	more members of the governing body?		7a		Σ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal				
				Yes	Ν
0a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 0			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and appro				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization		15b	x	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		150		
160		omont with a			
10d	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang		16-		X
b	taxable entity during the year?		. 16a		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janization's			
200	exempt status with respect to such arrangements?		. 16b		
	List the states with which a copy of this Form 990 is required to be filed \triangleright CA , GA				
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 000 T (Caption E01(a)	(2) o onh	1) 0) (0)	lahl
10			(3)5 011	() avai	au
	for public inspection. Indicate how you made these available. Check all that apply.	in an Ochodula O			
		in on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	contlict of interest policy, a	and final	ncial	
	statements available to the public during the tax year.	.			
20	State the name, address, and telephone number of the person who possesses the organization's to the person who person	books and records 🕨			
	Juanita Mitchell - 404-954-6614	0			
	200 Nelson Ferry Road, Suite B, Decatur, GA 3003	U		0000	10.0
3200	5 01-20-20		Form	1 990	(20
2 V	617 751928 100760 2019.03053 StandUp for K	da	10/	076	n .
20	σ_{11} σ_{12} σ_{20} σ_{10} σ	LUD	T 0 (010	J

Part VII	Compensation of Officers,	Directors, T	Γrustees, ∣	Key Emp	oloyees,	Highest	Compensa	ated
	Employees, and Independe	nt Contract	tors					

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more erson) than is bot pr/trus	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Eddy Ameen Chairman	10.00	x		x				0.	0.	0.
(2) Carlos Aponte	2.00	^		^				0.	0.	0.
Treasurer	2.00	x		x				0.	0.	0.
(3) Susan Dudas	2.00							Ŭ•	••	
Secretary		x		x				0.	0.	0.
(4) Robert Peters	2.00									
Director		х						0.	Ο.	0.
(5) Justine Palmore	40.00									
Director/Program Director		Х						58,600.	0.	0.
(6) Lisa Symons	2.00									
Director		Х						0.	0.	0.
(7) Kim Sisson	2.00									
Director		Х						0.	0.	0.
(8) Letitia Wright	2.00									<u> </u>
Director	40.00	X						0.	0.	0.
(9) Gregory Smith	40.00			77				22 1 6 9	0	0
Director/Director of Operations	40.00	X		Х				23,168.	0.	0.
(10) Juanita Mitchell Senior Director of Finance	40.00			x				68,600.	0.	0.
Senior Director of Finance				^				00,000.	0.	0.
		1								
				<u> </u>						
		1								
		-								
		1								
932007 01-20-20					-			I		Form 990 (2019)

	990 (2019) StandUp	for Kids	5							33-0	4148	855	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition ^{more} rson) than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	pensa om the anizati d relate nizatio	e ion ed
											_			
	Subtotal Total from continuation sheets to Part VI								150,368.		0.			0.
	Total (add lines 1b and 1c)								150,368.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual								•		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	-				-			-			5		Х
	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	lene	nde	ent c	onti	racto	ors t	that received more than	\$100 000 of con	nnens:	ation f	rom	
	the organization. Report compensation for													
	(A) Name and business	address	NC	ONI	Ξ				(B) Description of s	ervices	C	(C omper		n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	nite	a to		se lis 0	stec	above) who received m	iore than			200	
											I	Form S	990 (2	2019)

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Form	n 990	(2019) StandUp for Ki	ids			33-0414	855 Page 9
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response o	r note to any lin		/5)	(A)	
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b					
ts, (Am	c	Fundraising events 1c	LO4,113.				
Gif	c	Related organizations 1d					
ns, Sim	e	3 ()					
utio Ier (f	All other contributions, gifts, grants, and	160 627				
tr ib Oth			460,627. 192,275.				
Con	-			1,564,740.			
0		Total. Add lines 1a-1f	Business Code	1,501,710.			
e	2 2	Training & Misc Prog	900099	117,842.	117,842.		
e rvic	L L						
Sei	Ċ						
am eve	c						
Program Service Revenue	e						
P.	f	All other program service revenue					
	ç			117,842.			
	3	Investment income (including dividends, interes		662			662
		other similar amounts)		663.			663.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	(ii) Personal				
	6 -		(ii) i cisonai				
	U Z						
	·						
		Net rental income or (loss)	►				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
evenue		and sales expenses 7b					
eve		Gain or (loss) 7c					
sr Re		Net gain or (loss)	····· >				
Other	8 8	Gross income from fundraising events (not including \$ 104,113. of					
0		contributions reported on line 1c). See					
			55,318.				
	t	Less: direct expenses	47,361.				
		Net income or (loss) from fundraising events		7,957.			7,957.
		Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses9b					
			🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a Less: cost of goods sold 10b					
		Less: cost of goods sold IDb Net income or (loss) from sales of inventory					
	Ľ		Business Code				
Miscellaneous Revenue	11 a	-					
ane	k						
cell	c						
Mis	c	All other revenue					
	e	Total. Add lines 11a-11d	►				0 606
	12	Total revenue. See instructions	🕨 🤅	1,691,202.	117,842.	0.	8,620.
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StandUp for Kids

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Eundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		·		·
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	477,353.	477,353.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	150,368.	78,227.	51,199.	20,942.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	350,996.	297,796.	24,006.	29,194.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	40,520.	30,390.	6,078.	4,052.
11 Fees for services (nonemployees):				
a Management				
b Legal	17,909.	2,686.	13,432.	1,791.
c Accounting	8,500.		8,500.	
d Lobbying	0.0 0.0 0			
e Professional fundraising services. See Part IV, line 17	26,875.			26,875.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	2 400	1 1 1 0	1 404	215
column (A) amount, list line 11g expenses on Sch 0.)	3,499. 9,193.	1,710.	1,474. 917.	315. 8,276.
12 Advertising and promotion	9,193.	12 700		
13 Office expenses	21,200.	13,780.	5,300.	2,120.
14 Information technology				
15 Royalties	212 120	170 511	21 214	21 214
16 Occupancy	213,139.	170,511.	21,314.	21,314. 1,416.
17 Travel	14,162.	11,330.	1,416.	1,410.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	33,026.	24,770.	6,605.	1,651.
19 Conferences, conventions, and meetings	55,020.	24,//0.	0,005.	1,051.
20 Interest				
21 Payments to affiliates	85.	63.	13.	9.
22 Depreciation, depletion, and amortization	13,186.	10,227.	2,959.	• ر
 23 Insurance 24 Other expenses. Itemize expenses not covered 	13,100.	10,227•	2,555.	
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)	11 120	0		11 120
a Fundraising Expense	41,430. 36,572.	0. 27,429.	0. 5,486.	<u>41,430.</u> 3,657.
				<u> </u>
c Miscellaneous d Dues and Subscriptions	13,491. 10,319.	8,770. 7,739.	3,741. 1,548.	1,032.
	4,995.	4,497.	498.	1,032.
e All other expenses	4,995.	4,497. 1,167,278.	154,486.	165,054.
25 Total functional expenses. Add lines 1 through 24e	<i>1,400,010</i>	1,10/,4/0.	LJ4,400.	105,054.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019)

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Form 990 (2019)

Form	990 (2	2019) StandUp for Kids		33
Par	rt X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	
	1	Cash - non-interest-bearing	1,448,880.	1
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net	409,572.	3
	4	Accounts receivable, net		4
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		

					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,448,880.	1	1,850,173.
	2	Savings and temporary cash investments			, , , , , , , , , , , , , , , , , , , ,	2	,,
	3	Pledges and grants receivable, net			409,572.	3	129,093.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former	officer director			
	Ŭ	trustee, key employee, creator or founder, subst					
			controlled entity or family member of any of these persons				
	6		Loans and other receivables from other disqualified persons (as defined				
	0	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8					8	
As	9	Inventories for sale or use Prepaid expenses and deferred charges	13,913.	9	14,832.		
			 I I	·····	10,010.	9	11,052.
	IUa	Land, buildings, and equipment: cost or other	100	63,283.			
		basis. Complete Part VI of Schedule D		63,283.	85.	10-	0
		Less: accumulated depreciation			4,417.	10c 11	108,799.
	11	Investments - publicly traded securities		E CONTRACTOR OF CONTRACTOR OFO	4,41/•		100,799.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	21,178.	14	16,748.		
	15	Other assets. See Part IV, line 11			1,898,045.	15	2,119,645.
	16	Total assets. Add lines 1 through 15 (must equa			30,868.	16	42,075.
	17	Accounts payable and accrued expenses	30,000.	17	42,075.		
	18	Grants payable				18	2,204.
	19	Deferred revenue		19	2,204.		
	20	Tax-exempt bond liabilities		20 21			
	21		Escrow or custodial account liability. Complete Part IV of Schedule D				
Liabilities	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, subst					
Lial		controlled entity or family member of any of thes		22			
_	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		F	30,868.	25	44 270
	26	Total liabilities. Add lines 17 through 25			30,000.	26	44,279.
S		Organizations that follow FASB ASC 958, che	ck here				
ЪС		and complete lines 27, 28, 32, and 33.			1 170 107		1 002 277
ala	27				<u>1,479,187.</u> 387,990.		1,902,277. 173,089.
Вр	28	Net assets with donor restrictions			507,990.	28	1/5,009.
5		Organizations that do not follow FASB ASC 9					
۲.		and complete lines 29 through 33.					
Net Assets or Fund Balance	29	Capital stock or trust principal, or current funds		E CONTRACTOR OF CONTRACTOR OFO		29	
SSE	30	Paid-in or capital surplus, or land, building, or eq		30			
∍t A	31	Retained earnings, endowment, accumulated in		F	1 0 6 7 1 7 7	31	
ž	32	Total net assets or fund balances			1,867,177.	32	2,075,366.
	33	Total liabilities and net assets/fund balances			1,898,045.	33	2,119,645.

(B)

	990 (2019) StandUp for Kids	33-04	14855	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,691		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,480		
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,86		
5	Net unrealized gains (losses) on investments	5		3,8	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,07	5,3	66.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-E	EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Nam	ne of	the organization	dun for Vi	đa					· identification number
Da	rt I	Reason for Public	dUp for Ki			ic nort) C	a instruction		3-0414855
								5.	
	orgar	nization is not a private found							
1	\square	A church, convention of ch					1)(A)(I).		
2	\square	A school described in sect							
3	\square	A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(III). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (0		llege or university owned	d or opera	ted by a g	overnmental (unit descrit	Ded in
6		A federal, state, or local go		nental unit described in	section 17	70(6)(1)(1)	(1)		
7	\square	An organization that norma	-					ho gonoral	public described in
'		section 170(b)(1)(A)(vi). (C		inial part of its support	ion a gov	enninentai		ine general	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)				
9	\square	An agricultural research org				ed in conii	inction with a	land-grant	college
Ŭ		or university or a non-land-							
		university:	grant conege of agrie			name, en	y, and state o	r the bollog	
10	Х	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busir							
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a		ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type c	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,
	_	its supported organizatio							
d		Type III non-functionally						-	
		that is not functionally int						d an attent	iveness
	_	requirement (see instruct	,	. ,					
е		Check this box if the orga					а Туре I, Туре	e II, Type III	
	- .	functionally integrated, or		, ,	0 0				
f		er the number of supported o							
g		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	f monetary	(vi) Amount of other
		organization	((described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
				above (see instructions))					
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

2019.03053 StandUp for Kids

Schedule A (Form 990 or 990-EZ) 2019 StandUp for Kids Part II Support Schedule for Organizations Describe

33-0414855 Page 2

	Support Schedule for	Organizations	Described in Sections	s 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
--	----------------------	---------------	-----------------------	------------------------	------------------

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	h						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
	Amounts from line 4	(a) 2013	(6) 2010	(0) 2017	(0) 2010	(0) 2013	
8	Gross income from interest,						
0	· · ·						
	dividends, payments received on						
	securities loans, rents, royalties,						
-	and income from similar sources	1					
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
_	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publi		-				
	Public support percentage for 2019 (li					14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies as a publicly supported organization						
k	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			▶∟
17a	10% -facts-and-circumstances test	t - 2019. If the orc	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is	10% or more,
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
k	10% -facts-and-circumstances test	t - 2018. If the orç	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line	15 is 10% or
	more, and if the organization meets th	ie "facts-and-circu	umstances" test, o	heck this box and	stop here. Explai	n in Part VI ho	ow the
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	anization	
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 StandUp for Kids

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1357354.	1300388.	1480801.	1784703.	1678606.	7601852.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,727.	4,529.	9,750.	12,837.	3,976.	38,819.
3	Gross receipts from activities that	.,		.,		.,	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1365081.	1304917.	1490551.	1797540.	1682582.	7640671.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						7640671.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1365081.	1304917.	1490551.	1797540.	1682582.	7640671.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					663.	663.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b					663.	663.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				41,916.	7,957.	49,873.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1365081.	1304917.	1490551.	1839456.	1691202.	7691207.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (line 8, column (f), d	livided by line 13,	column (f))		15	99.34 %
16	Public support percentage from 2018					16	99.42 %
See	ction D. Computation of Inve	stment Incom	e Percentage				
17	17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 .01 9						.01 %
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	133 1/3% support tests - 2019. If the	organization did n	ot check the box of	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	ies as a publicly s	upported organiza	tion	► X
b	33 1/3% support tests - 2018. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
9320	32023 09-25-19 Schedule A (Form 990 or 990-EZ) 2019						

^{2019.03053} StandUp for Kids

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11030617 751928 100760

 10b
 2019

 Schedule A (Form 990 or 990-EZ) 2019

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	~		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9		90-EZ)	2019

17 2019.03053 StandUp for Kids Schedule A (Form 990 or 990-EZ) 2019 StandUp for Kids

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	vintearate	d Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
a	From 2014					
b	From 2015					
c	From 2016					
d	From 2017					
e	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from Section D,					
	line 7: \$					
-	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
-	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
-	Excess from 2015					
-	Excess from 2016					
	Excess from 2017					
-	Excess from 2018					
e	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

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Part IV, Sectio line 1; Part IV,	ntal Information. Pro on A, lines 1, 2, 3b, 3c, 4b, Section D, lines 2 and 3; es 5, 6, and 8; and Part V, ons.)	, 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section E, lines	1a, 11b, and 11c 1c, 2a, 2b, 3a, a	; Part IV, Sectior nd 3b; Part V, lin	n B, lines 1 and 2; Part e 1; Part V, Section B,	IV, Section C, line 1e; Part V,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
					0-1	
32028 09-25-19 30617 751928	100760	2019.03053	20 StandUp	for Kids	Schedule A (Form 99	20 or 990-EZ) 20 100760_

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

				-	-	_	_
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StandUp	for	Kids
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Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year **>** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Part I

(a)

No.

33-0414855

StandUp for Kids

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution

1		\$ <u>113,437.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>101,629.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$44,752.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-0		\$ <u>29,771.</u> Schedule B (Form	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Name of organization

Employer identification number

StandUp for Kids

33-0414855

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u></u> 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>24,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		- \$ <u>20,939.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

100760_1

Part I

Page 2 Employer identification number

33-0414855

StandUp for Kids

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14		\$ <u>18,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$ <u>17,818.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>18</u> 923452 11-06-	19	. \$ <u>15,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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(a) No.	(b)	(c)	
	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
19		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$10,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,226.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> 923452 11-00		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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StandUp for Kids

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
923452 11-06	5-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)		

Sta

StandUp for Kids			33-0414855
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
31		\$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
32		\$10,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
33		\$9,4	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
34		\$7,5	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
35		\$7,5	Person X Payroll 00. Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

Total contributions

\$

27

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7,228.

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(b)

Name, address, and ZIP + 4

923452 11-06-19

(a)

No.

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StandUp for Kids

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 37	Name, address, and ZiP + 4	\$7,200.	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 38	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$6,534.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$6,325.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b)	(c)	(d) Two of contribution
No. <u>42</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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(a) Nome, address, and ZIP + 4 (c) (c) (d) 43	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
43					
No. Name, address, and ZIP + 4 Total contributions Type of contribution 44			C 000	Person X Payroll Noncash (Complete Part II for	
a Payroll Payroll Complete Part If for noncash contributions.) (a) Name, address, and ZIP + 4 (c) (d) (d) 45					
No. Name, address, and ZIP + 4 Total contributions Type of contribution 45	44		\$5,840.	Payroll Noncash (Complete Part II for	
(a) (b) (c) (d) 46 (c) (d) (f) (a) (b) (c) (d) 46 (c) (f) (f) (a) (c) (f) (f) (a) (f) (f) (f) (a) Name, address, and ZIP + 4 Total contributions Type of contribution 47 (f) (f) (f) (f) (a) (b) (f) (f) Nocash (f) (a) (b) (f) (f) (f) Nocash (f) (a) (b) (f) (f) (f) Nocash (f) (a) (b) (f) (f) (f) (f) Nocash (f)					
No. Name, address, and ZIP + 4 Total contributions Type of contribution 46	<u>45</u>		\$5,343.	Payroll Noncash (Complete Part II for	
Image: second					
No. Name, address, and ZIP + 4 Total contributions Type of contribution 47	46		\$5,113.	Payroll Noncash (Complete Part II for	
Image: second					
No. Name, address, and ZIP + 4 Total contributions Type of contribution 48	47		\$5,000.	Payroll Noncash (Complete Part II for	
\$ 5,000. Payroll Noncash (Complete Part II for noncash contributions.)					
		2-19		Payroll Noncash (Complete Part II for noncash contributions.)	

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Name of organization

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Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
49		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
50		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
52		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
53		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
54		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
923452 11-06	5-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
56		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>60</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	5-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
62		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 65</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	5-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06	2 10	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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od and beverage for the Orange unty Gala (b) Description of noncash property given	\$(c) FMV (or estimate)	
	(c) FMV (or estimate)	05/04/19
	FMV (or estimate)	/ N
	(See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) FMV (or estimate) (See instructions.) (b) (c) Description of noncash property given (c) (b) FMV (or estimate) (See instructions.) (b) (c) Description of noncash property given (c) (b) (c) Description of noncash property given (c) (b) FMV (or estimate) (See instructions.) (b) (c) Description of noncash property given (c) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)

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art III	Jp for Kids Exclusively religious, charitable, etc., contribu	itions to organizations described in	3 3 - 0 4 1 4 8 5 5 section 50 1(c)(7), (8), or (10) that total more than \$1,00	
	from any one contributor. Complete columns (a) through (a) and the following line en	ntry For organizations	
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)	
a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
-		(e) Transfer of gif		
F	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
			<u> </u>	
F		(e) Transfer of gif	it	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
Part I				
			[
		(e) Transfer of git	it	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	eld
—				
F		(e) Transfer of gif		
	Transferacio nome address			
F	Transferee's name, address, a		Relationship of transferor to transferee	

D
C

Department of the Treasury Internal Revenue Service

(Form 990)	
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization			Employer identification number 33-0414855			
Pa	StandUp for Kids tl Organizations Maintaining Donor Advised	Eundo or Othor 6	Similar Eunda ar A				
Pa			Similar Funds of A	CCOUNTS. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts						
	Total much an et and after an						
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year	iting that the people he	Id in denot advised fun	do			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds						
6	are the organization's property, subject to the organization's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only						
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?						
Pa							
1	Purpose(s) of conservation easements held by the organization			,			
•	Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education)						
	Protection of natural habitat		Preservation of a certi	• •			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contrib	ution in the form of a co	onservation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
с	Number of conservation easements on a certified historic struct		2c				
d	Number of conservation easements included in (c) acquired af						
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, release			nization during the tax			
	year 🕨						
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
	►\$						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)						
•	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Tre	asures or Other	Similar Assets			
1 ui	Complete if the organization answered "Yes" on Form 9	-					
1a	If the organization elected, as permitted under FASB ASC 958.		enue statement and ha	lance sheet works			
	of art, historical treasures, or other similar assets held for publi	•					
	service, provide in Part XIII the text of the footnote to its finance	,					
b	If the organization elected, as permitted under FASB ASC 958.			e sheet works of			
	art, historical treasures, or other similar assets held for public e						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$			
				N A			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
	the following amounts required to be reported under FASB AS						
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$			
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019			
	10-02-19						

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Sche		for Kids								5 Page 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	reasures,	or Othe	r Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at make się	gnificant u	ise of its		
	collection items (check all that apply):									
a		c			hange progr					
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co							se in Par	t XIII.	
5	During the year, did the organization solicit o								Vee	
Pa	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran									└── No
1 01	reported an amount on Form 990, Pa	-		organizatio	n answered	res on	-0111 990,	Failly,	111111111111111111111111111111111111111	
1a	Is the organization an agent, trustee, custod		diarv for	contributior	ns or other as	ssets not i	ncluded			
	on Form 990, Part X?		•						Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
		·	5						Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for (escrow or c	ustodial acco	ount liabilit	ty?	L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Par	t IV, line 10	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance			. ,	<u></u>					
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as:					
a L	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment ►	%								
С	The percentages on lines 2a, 2b, and 2c sho	<i>,</i> -								
30	Are there endowment funds not in the posse		ation the	at are held a	and administ	ared for th	o organiza	ation		
Ja	by:	ssion of the organiz	ation the	at are new a			e organiza		Г	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?)					
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990	0, Part X, I	ine 10.			
	Description of property	(a) Cost or c basis (investr			t or other (other)	.,	cumulated reciation	k	(d) Bool	k value
1a	Land									
	Buildings									
	Leasehold improvements				20,768.		20,76			0.
d	Equipment			4	2,515.		42,51	5.		0.
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)					0.

Schedule D (Form 990) 2019

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Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	- 15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	וט שו.		
Complete if the organization answered "Yes" 1 . (a) Description of liability	on Form 990, Part IV, line	e TTE OF TIT. See Form 990, Part X, line 25.	
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

932053 10-02-19

Sche	edule D (Form 990) 2019 StandUp for Kids			33-	0414855 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,737,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,805.		
b	Donated services and use of facilities		42,769.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	46,574.
3	Subtract line 2e from line 1			3	1,691,202.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,691,202.
				•	
Ра	rt XII Reconciliation of Expenses per Audited Financial State	ments With		•	
Ра	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.	n Expenses per	•	irn.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With 2a.	n Expenses per	•	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With	n Expenses per	Retu	irn.
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With	n Expenses per	Retu	irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With 2a. 2a	n Expenses per	Retu	irn.
1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a. 2a. 2a. 2b.	n Expenses per	Retu	irn.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c	n Expenses per	Retu	ırn. 1,529,587.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2c 2d	1 Expenses per 42,769.	1 2e	rn. <u>1,529,587.</u> 42,769.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2c 2d	1 Expenses per 42,769.	1	ırn. 1,529,587.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d	1 Expenses per 42,769.	1 2e	rn. <u>1,529,587.</u> 42,769.
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a. 2b 2c 2d	1 Expenses per 42,769.	1 2e	rn. <u>1,529,587.</u> 42,769.
1 2 6 6 8 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	1 Expenses per 42,769.	1 2e	rn. <u>1,529,587.</u> 42,769.
1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d 2d	1 Expenses per 42,769.	Retu 1 2e 3 4c	rn. <u>1,529,587.</u> <u>42,769.</u> <u>1,486,818.</u> 0.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 4a 4b 4b	1 Expenses per 42,769.	Retu 1 2e 3	rn. <u>1,529,587.</u> 42,769.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

11030617 751928 100760

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Z) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019	
Department of the Treasury			Open to Public Inspection						
Internal Revenue Service Name of the organization									
Name of the organization		for Kids					33-041	lentification number 4855	
	ing Activities	Complete if the organization answ	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-I	EZ filers are not	
 Indicate whether the Mail solicitate Mail solicitate X Internet and X Phone solicitate In-person solicitate In-person solicitate Indicate Indit Indicate<td>ions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indir</td><td>sed funds through any of the followi e Solicita f Solicita g X Specia pr oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs</td><td>ation of ation of I fundra I (inclue profess</td><td>non-g gover aising ding o ional 1</td><td>overnment grants nment grants events fficers, directors, true fundraising services?</td><td>stees</td><td>X Ye</td><td></td>	ions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indir	sed funds through any of the followi e Solicita f Solicita g X Specia pr oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	ation of ation of I fundra I (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Ye		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
Colleen O'Neill -		Professional fundraising	Yes	No	_				
Place, P31, Oak Pa	rk, IL	services	-	X	0.		26,875	0.	
		I	•						
Total				.			26,875		
or licensing.	ich the organizatio	on is registered or licensed to solicit	CONTIL	outions	s or has been notified		exempt from	registration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. See Part IV for continuations Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

1		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Orange	Chicago		(add col. (a) through
		County Gala	Golfing Even	4	col. (c)
		(event type)	(event type)	(total number)	coi. (cj)
1	1 Gross receipts	86,437.	29,675.	43,319.	159,431
	2 Less: Contributions	49,781.	20,000.	34,332.	104,113
3	3 Gross income (line 1 minus line 2)	36,656.	9,675.	8,987.	55,318
4	4 Cash prizes				
	5 Noncash prizes				
6	6 Rent/facility costs		6,051.	7,399.	13,450
7	7 Food and beverages	29,771.	1,200.		30,971
	8 Entertainment			150.	150
9	9 Other direct expenses	1,352.		1,438.	2,790
1	0 Direct expense summary. Add lines 4 throug	gh 9 in column (d)		►	47,361 7,951
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad
			bingo/progressive bingo	() 3 3	col. (a) through col. (
1	1 Gross revenue		bingorprogressive bingo		col. (a) through col. (
1	Gross revenue Cash prizes				col. (a) through col. (
1					col. (a) through col. (
1	2 Cash prizes				col. (a) through col. (
4	Cash prizes Moncash prizes				col. (a) through col. (
1 2 3 4 5	 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	Yes%	Yes%	Yes%	col. (a) through col. (
3 4 5 7	 2 Cash prizes		└ Yes% └ No	Yes% No	col. (a) through col. (
1 2 3 4 5 6 7 7 8	 2 Cash prizes	Yes % No % gh 5 in column (d) 7 from line 1, column (d)	└ Yes% └ No	Yes% No	col. (a) through col. (
	 2 Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	└── Yes% └── No	Yes% No	
	 2 Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	└── Yes% └── No	Yes% No	
1 2 3 4 5 7 8 8 7 8 8 7 8 8 7 8 8 8 8 8 8 8 8 8	 2 Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	Yes% No states?	Yes% No	YesN
	 2 Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	Yes% No states?	Yes% No	YesN

Sch	nedule G (Form 990 or 990-EZ) 2019 StandUp for Kids 33-	0414	855	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No No
	Indicate the percentage of gaming activity conducted in:		1	
	a The organization's facility			<u>%</u>
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	 b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: 			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
ł	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Yes	□ No
	organization's own exempt activities during the tax year > \$			<u></u>
P č	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	² art III, IIr	nes 9,	90, 100,
Sc	chedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise	ers:		
(i) Name of Fundraiser: Colleen O'Neill			
(i) Address of Fundraiser: 100 Forest Place, P31, Oak Park, IL	603	01	
9320	083 09-11-19 Schedule G (For 4.2	rm 990 c	or 990	-EZ) 2019

42 11030617 751928 100760 2019.03053 StandUp for Kids

932084 04-01-19	chedule G (Form 990 or 990-EZ)

11030617 751928 100760

43 2019.03053 StandUp for Kids

Name of the organization Employer identification number 33-0414855 Part I Ceneral Information on Grants and Assistance Image: Comparization and Comparization and Comparison on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance to momentoring the use of grant funds in the United States. Image: Comparization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed. (g) Description of non-cash or government (g) Description of or government (g) Description of non-cash ossistance <	SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, ar ete if the organizatio Go to www.ir	nd Individua n answered "Yes Attach to For	ls in the Ŭn i " on Form 990, Pa	ited States rt IV, line 21 or 22.		OMB No. 1545-0047
Part I General Information on Grants and Assistance 1 Does the organization maintain necords to substantiate the amount of the grants or assistance, the granteet' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Complete File 2 Describe in Part V the organization's procedures for monitoring the use of grant funds in the United States. Complete File	Name of the organization								
1 Describe organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Criteria used to award the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Criteria used to award the grants or assistance, the grant tunds in the United States. Image: Criteria used to award the grants or assistance, the grant tunds in the United States. Image: Criteria used to award the grants or assistance, the grant tunds in the United States. Image: Criteria used to award the grants or assistance of the grant tunds in the United States. Image: Criteria used to award the grants or assistance of the grants or assistance. Image: Criteria used to award the grant or and tunds of the Grant o	Part I General In								33-0414855
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (fl applicable) (d) Amount of cash grant (d) Method of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization or government (b) EIN (c) IRC section (fl applicable) (c) IRC section (cash grant cash grant (c) Method of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (c) IRC section (cl applicable) (c) IRC section (cl applicable) <t< td=""><td>1 Does the organiz criteria used to a</td><td>ation maintain records ward the grants or assis</td><td>to substantiate the stance?</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	1 Does the organiz criteria used to a	ation maintain records ward the grants or assis	to substantiate the stance?						
1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (f) Methad of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (g) Amount of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization Image: Imag			-				anization answered "	′es" on Form 990, Par	t IV, line 21, for any
	1 (a) Name and ad	dress of organization		(c) IRC section	(d) Amount of	(e) Amount of non-cash	valuation (book, FMV, appraisal,		
3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)	3 Enter total numb	er of other organization	s listed in the line	1 table	ne line 1 table				▶

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				Assistance is primarily	
Assistance to individuals consists of clothing,				from gifts-in-kind and	
food, sleeping bags, hygience products, etc.				valued at thrift shop	Clothing, food, sleeping bags,
provided to homeless and street kids.	54000	180,882.	296,471.	value.	hygience products, etc.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Organization has established criteria for the recipients of assistance,

consisting of clothing, food, sleeping bags, etc. The selection criteria

for assistance is based on the determination by Organization staff or

volunteers that a youth is homeless or living without parental supervision

or guidance.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number 33 - 0414855

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

|9

Name of the	organization
-------------	--------------

StandUp for Kids

Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		122.177.	Thrift shop	value	s
6	Cars and other vehicles			,_,_,			
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х		40,327.	FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (Food and beve)	Х	1	29,771.	FMV		
26	Other 🕨 (
27	Other 🕨 (
28	Other 🕨 (
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29		<u> </u>	T
.				and a David Brand M		Yes	No
30a	During the year, did the organization receive by		• • • •		-		
	must hold for at least three years from the date					~	v
	exempt purposes for the entire holding period?	<i>'</i>			·····	30a	X
	If "Yes," describe the arrangement in Part II.						v
31	Does the organization have a gift acceptance p	policy that r	equires the review	of any nonstandard contribution	utions?	31	X

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

32a

932141 09-27-19

b If "Yes," describe in Part II.

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Х

33-0414855 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	_
<u> </u>	
932142 09-27-19	Schedule M (Form 990) 2019
	17

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047 2019 Open to Public Inspection
Name of the organization	StandUp for Kids		identification number 414855
Form 990, Par	t I, Line 1, Description of Organization Mis	sion:	
We do this, e	very day, in cities across America. We carr	y out	our
mission throu	gh our volunteers who go to the streets in o	rder t	o find,
stabilize and	otherwise help homeless and street kids imp	rove t	heir
lives by prov	iding and connecting them with life-saving s	ervice	S•
Form 990, Par	t III, Line 1, Description of Organization M	ission	:
improve their	lives by providing and connecting them with	life-	saving
services.			
Form 990, Par	t VI, Section A, line 1:		
A member of t	he Board of Directors also serves as the Org	anizat	ion's
Director of O	perations.		
Form 990, Par	t VI, Section B, line 11b:		
The Organizat	ion's Treasurer reviews the Form 990 in deta	il. U	pon their
approval, the	Form 990 is sent to all other members of th	e Boar	d of
Directors pri	or to its filing.		
Form 990, Par	t VI, Section B, Line 12c:		
Any member of	the Board of Directors, principal Officer o	r memb	er of a
committee wit	h governing Board delegated powers, who has	a dire	ct or
indirect fina	ncial interest, as defined in the conflict o	f inte	rest policy,
is an interes	ted person. Also, there is an annual review	of th	e policy and
disclosure of	any potential conflicts of interest.		

LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization StandUp for Kids	Employer identification number $33 - 0414855$
Form 990, Part VI, Section B, Line 15:	
The Board of Directors determines, votes upon and approve	s the compensation
of the CEO and other key employees.	

Form 990, Part VI, Section C, Line 19:

The Organization's Form 990, audited financial statements and annual report

are available for public inspection on the Organization's website.

932212 09-06-19

Form 990-T Exempt Organization Business Income Tax Return						OMB No. 1545-0047	
		(and proxy tax und	er se	ction 6033(e))			2019
	For cal			, and ending		_ ·	2019
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions.)		Empl	oyer identification number oyees' trust, see ctions.)
B Exempt under section	Print	StandUp for Kids		3	3-0414855		
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box					ated business activity code nstructions.)
408(e) 220(e)	Type	200 Nelson Ferry Road,					
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of Decatur, GA 30030	r foreig	n postal code			
C Book value of all assets at end of year		F Group exemption number (See instructions.)					
2,119,6	45.	G Check organization type \blacktriangleright X 501(c) corp	oratior	n 📃 501(c) trust	401(a)	trust	Other trust
	organiza		1	Describe	the only (or first) un		
trade or business here					complete Parts I-V.		
		ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	e or
business, then complete							V
		poration a subsidiary in an affiliated group or a parer	it-subs	idiary controlled group?	Þ L	Ye	s X No
		ifying number of the parent corporation. ► Juanita Mitchell		Toloph	one number 🕨 4	01-	954-6614
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale				()	(_ / _/ p =		(0)
b Less returns and allow		c Balance	1c				
		A, line 7)	2				
		om line 1c	3				
		h Schedule D)	4a				
		art II, line 17) (attach Form 4797)	4b				
		sts	4c				
		ship or an S corporation (attach statement)	5				
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-financ	ed incor	ne (Schedule E)	7				
8 Interest, annuities, roy	alties, a	nd rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)					
		me (Schedule I)	10				
)	11				
12 Other income (See ins		, , , , , , , , , , , , , , , , , , , ,	12	0			
		gh 12	13	0.			
		bt Taken Elsewhere (See instructions for be directly connected with the unrelated busin					
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainten	iance .					16	
						17	
		ee instructions)				18	
19 Taxes and licenses						19	
		562)				0.41	
		n Schedule A and elsewhere on return				21b	
22 Depletion		managation plana				22 23	
		mpensation plans				23	
		chedule I)				24	
26 Excess readership co	nsts (Sc	hedule J)				26	
27 Other deductions (at	tach sch	nedule)				27	
28 Total deductions. A	dd lines	14 through 27				28	0.
29 Unrelated business t	axable ii	ncome before net operating loss deduction. Subtrac	t line 2	8 from line 13		29	0.
		oss arising in tax years beginning on or after Janua					
	-					30	0.
		ncome. Subtract line 30 from line 29				31	0.
923701 01-27-20 LHA Fo	or Paper	work Reduction Act Notice, see instructions.					Form 990-T (2019)

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Part	: 111	Total Unrelated Business Taxat	ble Income				
32	Total o	f unrelated business taxable income computed	from all unrelated trades or businesses (s	see instruc	tions)	32	0.
33	Amour	ts paid for disallowed fringes				33	
34	Charita	ble contributions (see instructions for limitation	n rules)			34	0.
35		nrelated business taxable income before pre-20					
36	Deduct	ion for net operating loss arising in tax years be	eginning before January 1, 2018 (see inst	tructions)		36	
37		f unrelated business taxable income before spe					'
38		c deduction (Generally \$1,000, but see line 38 i					1,000.
39		ted business taxable income. Subtract line 38					
		ne smaller of zero or line 37	•			39	0.
Part		Tax Computation					
40		zations Taxable as Corporations. Multiply line	39 by 21% (0.21)		•	40	0.
41		Taxable at Trust Rates. See instructions for ta					
		ax rate schedule or 🛛 Schedule D (Form				41	
42		tax. See instructions					
43		tive minimum tax (trusts only)					
44	Tax on	Noncompliant Facility Income. See instruction	ns			44	
	Total.	Add lines 42, 43, and 44 to line 40 or 41, which	ever applies			45	
Part	: V	Tax and Payments					
		1 tax credit (corporations attach Form 1118; tru	sts attach Form 1116)	46a			
			,				
		I business credit. Attach Form 3800					
		for prior year minimum tax (attach Form 8801 c					
		redits. Add lines 46a through 46d				466	e
47		ct line 46e from line 45					
48	Other t	axes. Check if from: Form 4255	Form 8611 Form 8697 Form	1 8866	Other (attach schedule)	48	
49		ax. Add lines 47 and 48 (see instructions)					
50		et 965 tax liability paid from Form 965-A or For					_
		nts: A 2018 overpayment credited to 2019					
		stimated tax payments				-	
		posited with Form 8868				-	
u b	Foreigr	n organizations: Tax paid or withheld at source ((see instructions)	51d		-	
		withholding (see instructions)				-	
		for small employer health insurance premiums				_	
		credits, adjustments, and payments:				-	
Э			her Total	► 51g			
52		payments. Add lines 51a through 51g		-		52	
53	Estima	ted tax penalty (see instructions). Check if Form	2220 is attached			53	
54		e. If line 52 is less than the total of lines 49, 50,	150 1 1		►	54	
55		ayment. If line 52 is larger than the total of lines				55	
56	-	he amount of line 55 you want: Credited to 202	· · · · ·		Refunded	56	
Part		Statements Regarding Certain		ation (se			
57		time during the 2019 calendar year, did the org		-			Yes No
•	-	financial account (bank, securities, or other) in			-		
		Form 114, Report of Foreign Bank and Financi		-			
	here			le lereign c	Journaly		X
58		the tax year, did the organization receive a dist	ribution from or was it the grantor of or t	transferor	to a foreign trust?		
	•	" see instructions for other forms the organizati	•				
59		he amount of tax-exempt interest received or ac	-				
	U	nder penalties of perjury, I declare that I have examined	this return, including accompanying schedules a	and stateme	nts, and to the best of my kn	owledge	e and belief, it is true,
Sign	C	orrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which pr	reparer has a	· · ·		
Here			Treas	urer		-	IRS discuss this return with arer shown below (see
		Signature of officer	Date Title	<u>ar er</u>			ons)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	_	TIN
.		i interspo proparor o namo	r toparor o orginataro	Duto	self- employed		
Paid		Ann M. Thompson					P00719770
-	barer	Firm's name Jones and Ko	1b		Firm's EIN		58-1763570
Use	Only		ont Road, Suite 15	00			22 2700070
		Firm's address ► Atlanta, G.			Phone no.	(40)	4)262-7920
923711	01-27-20		****		1.1.010 110.	0	Form 990-T (2019)
			51				

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Schedule A - Cost of Goods S	old. Enter n	nethod of inven	tory valuation 🕨 N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	r		6		
2 Purchases	2		7 Cost of goods sold. Su					
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?					
Schedule C - Rent Income (Fro (see instructions)	om Real F	Property and	d Personal Property	Lease	ed With Real Pro	pert	у)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
2.	Rent received				0(-)			
(a) From personal property (if the percenta rent for personal property is more than 10% but not more than 50%)	age of 1	` of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	age	3(a) Deductions directly columns 2(a) and		attach schedule)	in
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)	and 2(b). Ente	er >		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt-F	Financed	Income (see	instructions)					
			2. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-finance	ed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	debt-financ	djusted basis ocable to ed property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals Total dividends-received deductions includ	ed in column {	3			0			0.

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11030617 751928 100760

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Schedule F - Interest	, Annuitie	es, Royal	ties, an					zatioi	ns (see ins	structio	ns)
				Exempt	Controlled C	rganizat	ions				
1. Name of controlled organi	1. Name of controlled organization		loyer ation ber	3. Net unrelated income (loss) (see instructions) 4. Tot payr		ments made include		Part of column 4 that is included in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(1)											
(2)											
(3) (4)											
(4) Nonexempt Controlled Orga	nizatione										
7. Taxable Income	-	Inrelated incom	e (loss)	0 Total	of specified pay	ments	10. Part of colu	mn 9 tha	it is included	11 D	eductions directly connected
		see instructions		9. Total	made	monto	in the controll		nization's		th income in column 10
(1)											
(2)											
(3)											
(4)											
· /							Add colur Enter here and line 8, o		e 1, Part I,		Add columns 6 and 11. here and on page 1, Part I, line 8, column (B).
otals									Ο.		0
Schedule G - Investm						(17) 0	rganizatior	<u>, </u>	0.		
	structions)			001(0)	(7), (5), 61	(17) 0	iganizatioi	•			
							3. Deductio		4. Set-	aaidaa	5. Total deductions
1. De	escription of inco	ome			2. Amount of	income	directly conne (attach sched			chedule)	and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(2) (3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
						5idinin (A).					
otals				►		0.					0
Schedule I - Exploite	d Exempt	t Activity	Incom	e, Othe	r Than Ac	dvertis	ing Income	9			
(see ins	tructions)										
1. Description of exploited activity	unrelated incom	àross I business le from business	3. Exp directly co with pro of unre business	onnected oduction elated	4. Net incor from unrelated business (com minus colum gain, comput through	d trade or olumn 2 in 3). If a ie cols. 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
(*)	page 1	re and on , Part I, col. (A).	Enter her page 1, line 10,	, Part I,			1		<u> </u>		Enter here and on page 1, Part II, line 25.
otals		0.		0.							0
Schedule J - Adverti	sing Inco		struction								
Part I Income From					nsolidated	l Basis	\$				
		•									
		2. Gross			4. Adver	tising gain	-				7. Excess readership
		E. UTOSS					1 5				1

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.
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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Reade costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.			•	0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) 🕨	0.	0.				0.
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in	structions)		
1. Name			2. Title	3. Perce time devo busine	ted to	ensation attributable related business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, I	ine 14	I		•		0.

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